

BIOGRAPHIC  
INFORMATIONUNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization ServiceLOS  
CIT

BUDGET BUREAU NO. 45-2555

MAR 30 1967

(FAMILY NAME) <b>STIGLICS</b>	(FIRST NAME) <b>Pauline</b>	(MIDDLE NAME) <b>ARONS</b>	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	BIRTHDATE (MO-DAY-YR.) <b>9/10/1903</b>	NATIONALITY <b>Latvia</b> (date of nat.) <b>12 590 209</b>
ALL OTHER NAMES USED <b>None</b>			CITY AND COUNTRY OF BIRTH <b>Riga, Latvia</b>		SOCIAL SECURITY NO. (IF ANY) <b>540 50 5597</b>
FATHER <b>Arons Jacob 1868 Piebalgh, Latvia Riga, Latvia</b>					
MOTHER (MAIDEN NAME) <b>Jerins Anna 1869 " " " "</b>					
SPOUSE (IF NONE, SO STATE) FAMILY NAME (FOR WIFE, GIVE MAIDEN NAME) FIRST NAME BIRTHDATE CITY & COUNTRY OF BIRTH DATE OF MARRIAGE PLACE OF MARRIAGE <b>Stiglics Robert 11/10/98 Latvia 8/22/22 Riga, Latvia</b>					
FORMER SPOUSES (IF NONE, SO STATE)					
FAMILY NAME (FOR WIFE, GIVE MAIDEN NAME) FIRST NAME BIRTHDATE DATE & PLACE OF MARRIAGE DATE AND PLACE OF TERMINATION OF MARRIAGE <b>None</b>					

## APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH	YEAR	TO MONTH	YEAR
<b>1165 Hobart Blvd.</b>	<b>L.A.</b>	<b>Calif.</b>	<b>USA</b>	<b>8</b>	<b>66</b>	<b>PRESENT TIME</b>	
<b>1500 Los Angeles</b>	<b>"</b>	<b>"</b>	<b>"</b>	<b>12</b>	<b>62</b>	<b>8</b>	<b>66</b>
<b>5200 Marathon</b>	<b>"</b>	<b>"</b>	<b>"</b>	<b>9</b>	<b>62</b>	<b>12</b>	<b>62</b>
<b>19716 Armita</b>	<b>"</b>	<b>"</b>	<b>"</b>	<b>10</b>	<b>62</b>	<b>9</b>	<b>62</b>
<b>19826 Armita</b>	<b>"</b>	<b>"</b>	<b>"</b>	<b>1</b>	<b>61</b>	<b>2</b>	<b>62</b>

## APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE) LIST PRESENT EMPLOYMENT FIRST.

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION	FROM		TO	
		MONTH	YEAR	MONTH	YEAR
<b>Winneka Medical Co, Canoga Park, Calif.</b>	<b>Massage</b>	<b>2</b>	<b>61</b>	<b>PRESENT TIME</b>	
<b>Old Age Hicks, 6949 Woodman</b>	<b>Cook</b>	<b>12</b>	<b>60</b>	<b>2</b>	<b>61</b>

LAST FOREIGN RESIDENCE OF MORE THAN ONE YEAR (IF NOT SHOWN ABOVE)				LAST OCCUPATION ABROAD (IF NOT SHOWN ABOVE)			
CITY	COUNTRY	FROM (MONTH) (YEAR)	TO (MONTH) (YEAR)	CITY	COUNTRY	FROM (MONTH) (YEAR)	TO (MONTH) (YEAR)
<b>San Paulo</b>	<b>Brazil</b>	<b>2 49</b>	<b>11 60</b>	<b>San Paulo</b>	<b>Brazil</b>	<b>2 51</b>	<b>11 60</b>

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:

☒ NATURALIZATION ☐ ADJUSTMENT OF STATUS ☐ OTHER (SPECIFY):

DATE: **APR 4 1967**

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

SIGNATURE OF APPLICANT: **PAULINE C**

COMPLETE THIS BOX (FAMILY NAME) <b>STIGLICS</b>	(GIVEN NAME) <b>PAULINE</b>	(MIDDLE NAME) <b>***</b>	(ALIEN REGISTRATION NUMBER) <b>A12 590 209</b>
(OTHER AGENCY USE)			LOS CIT - 400 <b>MAR 30 1967</b> (date)
DECLASSIFIED AND RELEASED BY: CENTRAL INTELLIGENCE AGENCY SOURCES METHODS EXEMPTION 3B2B NAZI WAR CRIMES DISCLOSURE ACT DATE 2003 2005 (3) C.			